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FACSIMILE TRANSMISSION COVER SHEET

Date: August 30, 2007

To: United States Patent and Trademark Office
Examiner: Riyami, Abdulla A.; Art Unit: 2609

Fax: (571) 273-8300

Re: **Application Serial No.: 10/806,800**
Filing Date: 3/23/2004; First-Named Inventor: Fayad
Attorney Docket No.: 01CON247P-CON

From: Farjami & Farjami LLP

Number of pages including the cover sheet: 21

Message:

Enclosed please find the Amendment and Response to Non-Final Office Action dated August 22, 2007 and Replacement Drawing Sheet for Figure 4.

Authorization is hereby given to the Director to charge \$100.00 to deposit account 50-1867 as payment for the Extra Claim Fee.

Thank you.

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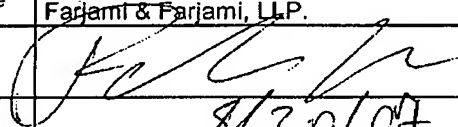
PTO/SB/21 (09-06)

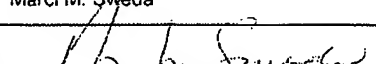
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| | | | |
|---|----|------------------------|--------------------|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | | Application Number | 10/806,800 |
| | | Filing Date | 3/23/2004 |
| | | First Named Inventor | Fayad, Gilles |
| | | Examiner Name | Riyami, Abdulla A. |
| | | Art Unit | 2609 |
| Total Number of Pages in This Submission | 17 | Attorney Docket Number | 01CON247P-CON |

| ENCLOSURES (check all that apply) | | |
|--|---|---|
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input checked="" type="checkbox"/> Drawing(s) (1 sheet) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1. Amendment Cover Sheet (2 pages) |
| Remarks | | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | |
|--|---|
| Firm or Individual name | Farshad Farjami, Esq., Reg. No. 41,014 Farjami & Farjami, LLP. |
| Signature |  |
| Date | 8/30/07 |

| CERTIFICATE OF TRANSMISSION / MAILING | |
|--|---|
| I hereby certify that this correspondence is being facsimile transmitted to the USPTO at facsimile number 571-273-8300 or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. | |
| Type or printed name | Marci M. Sveda |
| Signature |  |
| Date | 8/30/07 |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Attorney Docket No.: 01CON247P-CON

AMENDMENT COVER SHEETIN RE APPLICATION OF: Fayad, et al.SERIAL NO.: 10/806,800 FILED: 3/23/2004FOR: Methods and Apparatus for Data Communications through Packet Networks

HONORABLE COMMISSIONER FOR PATENTS
P.O. Box 1450, Alexandria, VA 22313-1450

Sir/Madam:

Transmitted herewith is a paper in the above-identified application. Any necessary extension of time period set for this paper is hereby requested.

☐ No additional fee is required.☒ The fee has been calculated as shown below:☐ EXTENSION FEE

| | RATE Non-Small Entity | RATE Small-Entity | FEE |
|------------------------------------|--------------------------|----------------------|-----|
| FIRST MONTH AFTER TIME PERIOD SET | 120.00 | 60.00 | \$ |
| SECOND MONTH AFTER TIME PERIOD SET | 450.00 | 225.00 | \$ |
| THIRD MONTH AFTER TIME PERIOD SET | 1,020.00 | 510.00 | \$ |
| FOURTH MONTH AFTER TIME PERIOD SET | 1,590.00 | 795.00 | \$ |

☐ TOTAL EXTENSION FEE \$ 0.00☒ FEE FOR EXTRA CLAIMS added by Amendment in this response:

| | Column 1 | Column 2 | Column 3 | | | |
|--|--|----------------------------------|------------------------------|-----------------------------|----------------------|----------|
| | Number of Claims after Amendment | Number Previously Paid for | Number of Extra Claims | RATE Non-Small Entity | RATE Small Entity | FEE |
| TOTAL CLAIMS | 26 | MINUS **24 | * = 2 | x 50 | x 25 | \$100.00 |
| INDEPENDENT | 3 | MINUS ***4 | * = 0 | x 200 | x 100 | \$ |
| First presentation of multiple dependent claim | | | | + 360 | + 180 | \$ |

TOTAL FEE FOR EXTRA CLAIMS \$ 100.00

- * If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.
 ** If the number of Total Claims previously paid for is less than 20, write "20" in this space.
 *** If the number of Independent Claims previously paid for is less than 3, write "3" in this space.

99RSS183-CON

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- ☐ Enclosed is the total fee of \$ _____ (Payment by Credit Card, Form PTO-2038 Enclosed).
- ☒ Please charge Deposit Account No. 50-1867 in the amount of \$100.00
- ☒ The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication, or credit any overpayment to Deposit Account No. 50-1867. A duplicate copy of this sheet is enclosed.

Date:

8/30/07

By:

Farshad Farjami, Reg. No. 41,014

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Signature

Marci M. Sueda

Name of Person Performing Facsimile Transmission

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Attorney Docket No.: 01CON247P-CON
Application Serial No.: 10/806,800

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|---|--|
| Applicant(s): Fayad, et al. Application Serial No.: 10/806,800 Filed: March 23, 2004 Title: Methods and Apparatus for Data Communications through Packet Networks | Group Art Unit: 2609 Examiner: Riyami, Abdulla A. |
|---|--|

AMENDMENT AND RESPONSE TO NON-FINAL OFFICE ACTIONHonorable Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir/Madam:

This is in response to the *Non-Final* Office Action, dated August 22, 2007, in the above-referenced patent application. Please enter and consider the following amendments and remarks.

09/04/2007 HVUDNG1 00000011 501867 10806800

01 FC:1202 100.00 DA